| _  |  |                     |              | A LAN DELIBOR      | 2 66 4         | edense as usabo | ed to a coloration . | و همادههما ال |            |           | _              |  |
|--|--|---------------------|--------------|--------------------|----------------|-----------------|----------------------|---------------|------------|-----------|----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Application of Information unless it displays a valid Okto control munit  |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| Substitute for Form PTO-875  |  |                     |              |                    |                |                 | -                    | •             | IN         | 107656235 |                |  |
|  |  |                     |              |                    |                |                 |                      |               | 1107       | WAD DO    | 2              |  |
| 1  | CLAIMS AS FILED - PART !   |                     |              |                    |                |                 |                      |               |            |           |                |  |
| _  | (Column 1) (Column 2)  |                     |              |                    |                |                 | SMA                  | L ENTITY      | QF         | One       | ER THAN        |  |
| 1  | (  |                     |              |                    |                | 2 (111) (       | _ ~                  | . ZWA         | L ENTITY   |           |                |  |
| <u> </u>   | : FOR<br>ASIC FEE  |                     | MUMBER FILED |                    |                | BER EXTRA       | PATE                 | 1             | - 1        |           |                |  |
| 1 5  | OFR 1.15(a))   |                     | 22           |                    |                |                 |                      |               | -          | RATE      | FEE            |  |
|  | TAL CLANS.   |                     | <u> </u>     |                    |                |                 | l Kasic              | 35            | . OA       |           |                |  |
| M GR 1,15(E)   |  |                     | 2 <i>2</i>   | 20 e .             | X              |                 |                      | 100           | ⊣ ~        |           |                |  |
| R  | DEPENDENT CL   | AUE                 | OCH HEADER   |                    |                |                 |                      | 1 12          | OR         | X s       |                |  |
| a  | 7 CFR 1.160D   |                     | 2 minus 3    |                    |                | 7)              | 1.                   |               | 7          |           | <del> </del>   |  |
|  |  |                     |              |                    |                |                 |                      |               | RO         | × +       | 1              |  |
| MULTIPLE DEPENDENT CLASH PRESENT (DT CFR L 1800)   |  |                     |              |                    |                |                 | 11                   |               | 7          |           |                |  |
|  |  |                     |              |                    |                |                 | ئے۔۔۔                | <u> </u>      | 08         | *3*       |                |  |
| * If the difference in column 1 is less than zoro, enter '0' to column 2.  |  |                     |              |                    |                |                 | TOTAL                | 447           | 1          |           |                |  |
| ·  |  |                     |              |                    |                |                 | IOIAL                | 141           | _ OR       | TOTAL     |                |  |
| CLAIMS AS AMENDED - PART II  |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| 1  | • •  |                     |              |                    | •              |                 |                      |               |            |           |                |  |
| (Column 1) (Column 2) (Column 3) SMALL SAUTTY . OR OTHER THAN  |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| _  | 0.4996   |                     |              |                    |                | (Column 3)      | SMALI                | ENTITY .      | C.R.       | SMALL     | ENTITY         |  |
| ENDMENTA   |  | REMAIN              | NG           | NUM                | EST            | PRESENT         |                      | T             | 7          | CARRE     | CNIII          |  |
| 5  | : }  | AFTE                | 1            | PREVI              | DUSLY<br>DUSLY | EXTRA           | RATE                 | ADDI          | 1          | RATE      | ADOL           |  |
| ıũ   |  | AMENDA              | ENT          | PAED               |                |                 | ļ ļ·                 | TIONAL        | 1          | 1         | TIONAL         |  |
| 2  | GT CFR LINES   | 1.20                | Minus        | 1 - 0              |                | -1/             | 1 <del> </del> -     | 755           | 4          | <b></b>   | FEE            |  |
| 9  | topspendent  | P                   |              |                    | 8_             | <u></u>         | × s =                | i i           | OR         | X 8_      |                |  |
| Ū  | OF O'R 1_LES   | 1.2                 | Minus        |                    | <u> </u>       | 171             |                      |               | <b>⊣</b> ొ |           | <del> </del> - |  |
| Σ  |  |                     |              | 1_6                |                | 1/              | X3                   | 1             | OR         | xs -      | I              |  |
| ⋖  | FIRST PRESEN   | TATION OF MU        | LTIPLE DEPEN | DENT CLAIM         | W.C            | ED 1 186m       |                      | 1111111       | 1          |           |                |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(1))  |  |                     |              |                    |                |                 | 1                    | 1             | OR         | +1        | i              |  |
|  |  |                     |              | •                  |                |                 | TOTAL                |               | 7          | TOTAL     | <del> </del>   |  |
|  |  |                     |              |                    |                |                 | ADD'L FEE            |               | OR         | ADD'L FEE | 1              |  |
|  |  | (Column 1           | )            | 1Cabo              | on 2)          | (Column 3)      |                      |               |            |           |                |  |
| ~  |  | CLAIMS              |              | HIGH               |                | (COULTER 3)     |                      |               | _          | <u> </u>  |                |  |
| 8  |  | REMADON             | ig           | NULL               | ER             | PRESENT         | RATE                 |               | 1          |           |                |  |
| Ξ  |  | AFTER               | _ '          | PREVIO             |                | EXTRA           |                      | TIONAL        | i          | RATE      | ADOL           |  |
| AMENDMENT  | Total  | AMENDME             |              | PAD                | OR             |                 |                      | FEE           | ł          |           | TIONAL         |  |
| Ź.   | COT COR LABOUR   | 21                  | Minus        | 1"2"               | Ŷ              |                 | _                    |               | 1          |           | FEE            |  |
| ž  | Independent<br>(37 CFR (JESS)                                    | ·                   | Minus        | 1                  | <u> </u>       |                 | X 5                  |               | OR '       | X 8 •     |                |  |
| 끧  | (A CA LTON)  | 2                   |              | 1 2                | 3              | •               | . x s                |               | ]          |           |                |  |
| 3  |  |                     |              |                    |                |                 | <u> </u>             | ļ             | OR .       | × *       |                |  |
|  | FIRST PRESENT  | ATION OF MUL        | TIPLE DEPENC | ENT CLAIM          | D7 CF          | R 1.15(0)       |                      |               |            | 1         |                |  |
|  | . )  |                     |              |                    |                |                 | TOTAL                | <b></b>       | ,OR        | <u> </u>  |                |  |
|  | レバト  |                     | //>-         | ŁL-,               | ヘく             |                 | ADD'L FEE            | 1             | OR         | TOTAL     |                |  |
|  | $\cap$   |                     | 70           | $T \cup U$         | ノロ             |                 |                      |               | UK.        | ADDILFEE  |                |  |
| 7  |  | >(Column 1)         | v            | / (Cohen           |                | (Cotumn 3)      |                      |               |            |           |                |  |
| ပ  | 1  | CLAIMS<br>REMAINING | .            | HGHE               |                |                 |                      |               | 1          |           |                |  |
|  | 1  | AFTER               | '            | NUMBI              |                | PRESENT         | RATE                 | ADD1          |            | RATE      | ADDI-          |  |
| ЖL   |  | AMENDMEN            | 7            | PREVIOL<br>PAID FO |                | EXTRA           |                      | TIONAL        |            | 14.12     | TIONAL         |  |
| 31   | Total  | . 31                | Minus        | *                  | ~              |                 |                      | FEE           |            |           | FEE            |  |
|  | CONT. NO   | ا كر.               |              |                    | - 1            | - 1             | X 8. =               |               |            |           |                |  |
| 21   | Andersoned<br>GOEL ( SED 14)                                     |                     | Minus        | F44                |                | <del>-</del>    |                      |               | QR         | X \$ =    |                |  |
| 飺ㅏ   | THE CHANGE   |                     |              |                    | 1              | •               | × s                  |               |            |           |                |  |
| ₹1   | EDST BOLEDA  | 2000                |              |                    |                |                 | -                    |               | OR         | X1        |                |  |
|  | FRIST PRESENTATION OF MATTIPLE DEPENDENT CLAIM (127 CFR 1,16(4)) |                     |              |                    |                |                 |                      | 1             | 08         | . I       |                |  |
|  |  |                     |              |                    |                |                 |                      | <del></del>   | ~ [        | **        |                |  |
|  | A Million and the A  |                     |              |                    |                |                 |                      |               | OR         | TOTAL     |                |  |
|  |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| "If the "Fighest Number Previously Paid For" IN THIS SPACE is fess than 20, enter "20".  "If the "Fighest Number Previously Paid For" IN THIS SPACE is fess than 20, enter "20".  The Teighest Number Previously Paid For" IN THIS SPACE is fess than 3, enter "2".  |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| The Picchest Marriag Demonstrate Date See Of THIS SPACE is less than 3, enter '3'.   |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number build in the appropriate box in column 1, a collection of information is acquired by 37 CFR-1.16. The information is required by 37 CFR-1.16. The information is acquired by 37 CFR-1.16. The informatio |  |                     |              |                    |                |                 |                      |               |            |           |                |  |
| e collection of information is required by 37 CFR-1.16. The information is the highest number bund in the appropriate box in column 1.  PTO to process) an application, Confidentially is governed by 35 U.R.C. 122 and 37 CFR 1.14. This contains a benefit by the public which is to bie [and by the   |  |                     |              |                    |                |                 |                      |               |            |           |                |  |

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Instruction of windows is sequired by 37 CFR-1.16. The information is required to obtain or retain a benefit by the public which is so tile (and by the including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the entered to the upon the individual case. Any comments of reducing the burden. Should be sent to the Chief Information Officer, U.S. Petern of Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patanta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.